

**INDIANA DEPARTMENT OF HOMELAND SECURITY,
Indiana Government Center – South
302 W. Washington Street, Room E-239
Indianapolis, IN 46204**

NAME _____ SOCIAL SECURITY NUMBER XXX-XX-()

ADDRESS _____ CITY _____ STATE _____ ZIP _____

FIRE DEPARTMENT _____ COUNTY _____

INSTRUCTOR CERTIFICATION NUMBER _____ EXP. DATE _____

RE-CERTIFICATION FOR INDIANA CERTIFIED FIRE SERVICE INSTRUCTOR

This form will be used to report your continuing education activity for the three (3) year certification period. This certification may be renewed if compliance with the in-service requirements have been reported within thirty (30) days following the expiration date.

To maintain certification, the candidate shall accrue a minimum of (30) hours of teaching or attendance at classes in training in adult education, for example:

1. Learning objectives
2. Test construction; or
3. classroom teaching

The training in adult education referred to shall be acquired through classes that teach instructors techniques on teaching adult students. 655 IAC 1-2.1-19 (a) thru (d)

<u>Identify continuing education and/or instructional activity during the 3-year certification period.</u>			
<u>CONTINUING ED. AND/OR TEACHING TOPIC</u>	<u>INSTRUCTOR SIGNATURE</u>	<u>HOURS</u>	<u>DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Signature _____ Date _____

Please provide documentation for the 30 hours listed

